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## BIB DATA SHEET

CONFIRMATION NO. 1073

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09/918,365	07/30/2001 RULE	607	1792	050623.00379

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**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 07/01/2002

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /ERMA C CAMERON/ Examiner's Signature	<input type="checkbox"/> Met after Allowance "Initials"	STATE OR COUNTRY CA	SHEETS DRAWINGS 1	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 9
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**ADDRESS**  
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 UNITED STATES

**TITLE**  
 AN IMPLANTABLE MEDICAL DEVICE INCLUDING A COVALENTLY IMMOBILIZED ANTI-THROMBOGENIC MATERIAL

<b>FILING FEE RECEIVED</b> 2436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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